

## Quarterly Stormwater Industrial Facility Inspection Report

General Information			
Facility Name	Frederick County Highway Operations – Urbana Satellite Facility		
NPDES Tracking No.	MDE Permit 02SW1893		
Date of Inspection	6/19/12	Start/End Time	11:30 <sup>am</sup> 12:30 <sup>pm</sup>
Inspector's Name(s)	GARY SHANKIE		
Inspector's Title(s)	FOREMAN		
Inspector's Contact Information	(301) 874-5068		
Weather Information			
Weather at time of this inspection? <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:                      Temperature: 95°			
Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

### Control Measures

- The structural stormwater control measures identified in your SWPPP on your site map are listed below. Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Stormwater Pond	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Drainage Swale	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3	Outfall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Construction Entrance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

# **Areas of Industrial Materials or Activities exposed to stormwater**

*Below is a list of areas that should be assessed during the facility's routine inspections.*

	Area/Activity	Inspected?	Controls: Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
<b>POLE BARN - VEHICLE/TRUCK STORAGE</b>				
<b>1a</b>	<b>Spills and Leaks:</b>			
	Is there evidence of spills/leaks (i.e. staining on ground, absorbent materials)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Have any spills/leaks been recorded for this area since the last inspection? If so, were they addressed and reported properly?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are spill kits available and filled for use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are drip pans available for use for leaking vehicles?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>NEED TO GET DRIP PANS</i>
<b>1b</b>	<b>Minimize Exposure:</b>			
	Are any materials, drums, containers exposed to precipitation? If so, are they sealed and labeled properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Is secondary containment provided for all 55 gal drums?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>THERE ARE NO 55 GAL DRUMS ON SIGHT.</i>
<b>1c</b>	<b>Good Housekeeping:</b>			
	Are all materials organized and stored in an orderly fashion?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are all containers properly sealed and labeled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Has all waste been disposed of properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OUTDOOR DUMPSTERS</b>				
<b>2a</b>	<b>Spills and Leaks:</b>			
	Is there evidence of spills/leaks (i.e. staining on ground, absorbent materials)? Do dumpsters appear to be leaking?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Have any spills/leaks been recorded for this area since the last inspection? If so, were they addressed and reported properly?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are spill kits available and filled for use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2b</b>	<b>Minimize Exposure:</b>			

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
	Are any materials, drums, containers exposed to precipitation? If so, are they sealed and labeled properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are dumpster lids closed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are dumpsters in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2c</b>	<b>Good Housekeeping:</b>			
	Has all waste been disposed of properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SALT BARN</b>				
<b>3a</b>	<b>Spills and Leaks:</b>			
	Is there evidence of spills/leaks on the pad outside of the barn?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Is Caliber M1000 storage tank protected and in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Have any spills/leaks been recorded for this area since the last inspection? If so, were they addressed and reported properly?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are spill kits available and filled for use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3b</b>	<b>Minimize Exposure:</b>			
	Is all salt and Anti-Skid aggregate contained within the salt barn?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3c</b>	<b>Good Housekeeping:</b>			
	Has the lot been swept since the last inspection? If so, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	NEED TO CHECK WITH SWEEPER OPERATOR.
<b>STORAGE TRAILER</b>				
<b>4a</b>	<b>Spills and Leaks:</b>			
	Is there evidence of spills/leaks (i.e. staining on ground, absorbent materials)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Have any spills/leaks been recorded for this area since the last inspection? If so, were they addressed and reported properly?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are spill kits available and filled for use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4b</b>	<b>Minimize Exposure:</b>			
	Are any materials, drums, containers exposed to precipitation? If so, are they sealed and labeled properly?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
4c	<b>Good Housekeeping:</b>			
	Are all materials organized and stored in an orderly fashion	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are all containers properly sealed and labeled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Has all waste been disposed of properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>STOCKPILES</b>				
5a	<b>Minimize Exposure:</b>			
	Are stockpiles contained within concrete blocks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	THE SAND PILE IS COVERED AND SECURED WITH A TARP.

### **Non-Compliance**

Describe any incidents of non-compliance observed and not described above:

### **Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements:

### Notes

Use this space for any additional notes or observations from the inspection:

### CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: GARY SHANKLE

Signature: Gary Shankle sr Date: 6/19/12